

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
 OFFICE OF WORKERS' COMPENSATION PROGRAMS
 231 VANDERBILT STREET 7TH FLOOR
 NEW YORK NY 10014
 TELEPHONE # (212) 337-2075



October 17, 1988

File Number: [REDACTED]
 Date of Injury: 06/21/88
 Employee: STEPHEN J. FEIN

✓ STEPHEN J. FEIN
 522 SHORE RD
 LONG BEACH, NY 11561

Dear Mr. Fein:

Based on the District Medical Doctor's review of the evidence in your file, your claim has been accepted for "keratoconjunctivitis both eyes". At this time, there are no other conditions accepted by this office as being medically related to the work injury. Based on the medical evidence from Dr. Loffredo (8/18&8/5/88) you were fit for limited duty effective 8/5/88, which was available by the agency (ca-17 dtd 8/5/88). Based on the accepted condition, COP is authorized for the period 6/22/88-8/5/88.

To date, you have not met your burden of proof in submitting probative medical evidence to establish any other specific conditions or periods of total disability which are causally related to the work injury.

The reports from Allen Kraut, MD are not sufficient to establish a firm diagnosis or that your condition is causally related to the work injury based on well-rationalized medical opinion.

The pulmonary function tests were inadequate and inconsistent with the findings on the physical exam. The neurological findings could be related to other factors, such as chemotherapy (discussed by District Medical Dr).

Dr. Kraut's opinions are speculative and not well founded. His opinion is not based on a complete factual background as the agency's report on this incident, indicating the actual "toxic" substance you were allegedly exposed to has not been released or submitted to this office. Dr. Kraut does not give a firm diagnosis nor does he thoroughly explain just what the diagnosis is and HOW it is causally related to the work injury. This opinion must be based on well rationalized medical opinion and on the facts. The opinion cannot be speculative if you want to establish a causal relationship between your conditions and the work

- continued -

✓ Dept of the Navy
 Naval Station New York
 207 Flushing Ave.
 Brooklyn, NY 11251

Dept. re expansion
 of claim.

✓ DEPARTMENT OF THE NAVY
 NAVAL STATION
 ATTN: CON CIV PERS OFFICE
 BLDG 75/1 NAVAL BASE
 PHILADELPHIA, PA 19112

✓ DEBORAH HELPRIN ESO
 1117 OLD COUNTRY RD THE PLNWN ATRI
 PLAINVIEW, NY 11803



File Number: [REDACTED]
Date of Injury: 06/21/88

injury.


This office has requested (several times!) detailed factual evidence from you and from the Agency. We even requested the agency report. ~~To~~ date, we have not received the Agency's report or any report of an investigation on this injury. We have requested reports and statements on the names of the toxic substances you claim to have been exposed to.

The burden of providing medical and factual evidence in support of your claim rests ~~is~~ with you. Under the privacy act (5 USC 552a), you have the right to request copies of your medical records from your agency so that you can send them directly to us.

To meet your burden of proof in establishing other conditions to be causally related to the 6/21/88 work injury, you must arrange for submission of the agency report on the 6/21/88 incident and a very DETAILED medical report which includes the facts (what were you exposed to etc), accurate findings, firm diagnosis and well-rationalized medical opinion on the causal relationship between these other conditions and the work injury.

Your claim will be held open for 30 days to submit the requested evidence.

Sincerely,


PAT RUSH
CLAIMS EXAMINER